

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

MULTI-FUNCTIONAL SURGICAL CONTROL  
SYSTEM AND SWITCHING INTERFACE

Attorney Docket Number::

022001-000902US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

1

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yulun  
Middle Name::  
Family Name:: Wang  
Name Suffix::  
City of Residence:: Goleta  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 370 Vereda Leyena  
City of Mailing Address:: Goleta  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93117

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name:: S.  
Family Name:: Jordan  
Name Suffix::  
City of Residence:: Santa Barbara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2431 Calle Galicia  
City of Mailing Address:: Santa Barbara  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Darrin  
Middle Name:: R.  
Family Name:: Uecker  
Name Suffix::  
City of Residence:: Santa Barbara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1430 De La Vina, #A  
City of Mailing Address:: Santa Barbara  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93101

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/929,024	09/15/97

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::
PCT	PCT/US97/10158	06/09/97

#### **Assignee Information**

Assignee Name::  
Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::